

DOCKET NO. SC1180STP

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS Leo Mattheu et al.

GROUP ART UNIT: 2815

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APPLN. NO.: 10/074,732

EXAMINER: Paul E. Brock II

NOV 04 2004

FILED: February 13, 2002

TITLE: METHOD OF FORMING A VERTICAL DOUBLE GATE
SEMICONDUCTOR DEVICECertificate of Transmission under 37 C.F.R. 1.8

I hereby certify that this correspondence is being
facsimile transmitted to the Patent and Trademark
Office.

on 11-14-04R. Thomas
SignatureR. Thomas

Printed Name of Person Signing Certificate

**FEE
ONLY**AMENDMENT IN FURTHERANCE OF RCE UNDER 37 CFR 1.114

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

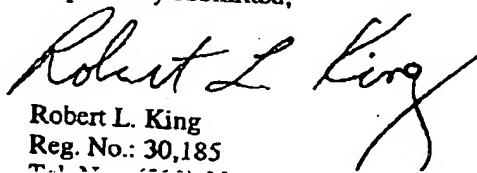
In response to a rejection in an Office action mailed August 18, 2004, Applicants are filing a response and request entrance of the following amendment in view of the remarks presented thereafter.

FEES

No additional fees are believed to be owed in connection with this response since the total number of claims and the total number of independent claims does not exceed the number previously paid for. However, Applicants continue to authorize the payment of any fees owed in connection with this application from Deposit Account No. 503079 (Freescale Semiconductor), or credit Deposit Account No. 503079 for any refunds.

Applicants respectfully request consideration of the amendments and the allowance of claims 1, 2, 4, 5, 7-12, 14-21, 23-25 and 34-36, thereby placing the application in condition for allowance. Should issues remain that might be subject to resolution through a telephonic interview, the Examiner is requested to telephone the undersigned at (512) 996-6839.

Respectfully submitted,



Robert L. King
Reg. No.: 30,185

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/074732

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	23	Minus	33	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OTHER THAN
TYPE SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	24	Minus	33	
Independent	4	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	88 00
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	88 00

pd.

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.